

908 KAR 5:010. Disclosure of confidential client information for state and regional interagency councils.

RELATES TO: KRS 200.505(2)(c), 200.509

STATUTORY AUTHORITY: KRS 200.505(3), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, created the Cabinet for Health and Family Services and placed the Department for Behavioral Health, Developmental, and Intellectual Disabilities within the cabinet. KRS 200.505(2)(c) requires the State Interagency Council for Service to Children with an Emotional Disability to develop a form to be signed by the parent or other legal guardian of a child referred for services to a state interagency council and regional interagency council for children with an emotional disability. KRS 200.505(3) authorizes the State Interagency Council for Services to Children with an Emotional Disability to promulgate administrative regulations necessary to comply with the requirements of KRS 200.501 to 200.509. This administrative regulation establishes requirements for protect the confidentiality of information about a child and incorporates by reference the confidentiality form.

Section 1. Definitions. (1) "Confidential information" means information about a child or the parent or legal guardian of the child which is obtained by a mental health professional or health care provider, if there is a reasonable expectation that, because of the relationship between the child or the parent or legal guardian of the child and the mental health professional or health care provider, or the circumstances under which the information was revealed or obtained, the information will not be disclosed by the mental health professional or health care provider without an authorization to release signed by the parent or legal guardian of the child or as mandated by law.

(2) "Interagency meeting" means a face-to-face meeting, whether conducted in person or by two (2) way interactive video via a secured electronic connection, where two (2) or more persons who represent different organizations may discuss or disclose information of a confidential nature for the purpose of coordinating services to a child pursuant to KRS 200.509(3)(b).

(3) "Local interagency council" means the council established pursuant to KRS 200.509(5).

(4) "Parent representative" means an adoptive or biological parent of a child with an emotional disability who is a consumer of state-funded service for children with an emotional disability, who is appointed to serve as a representative on:

(a) A state interagency council pursuant to KRS 200.505(1)(b); or

(b) A regional interagency council pursuant to KRS 200.509 (1)(d).

(5) "State Interagency Council" means the council established pursuant to KRS 200.505.

Section 2. Release of Confidential Information to Interagency Councils. (1) If the state interagency council requires confidential information to coordinate services in accordance with KRS 200.505(2)(d), it shall request a copy of the authorization to release executed by the parent or other legal guardian to release the information using the Kentucky IMPACT Program State Interagency Council Parent/Guardian Release of Information Form.

(2) If a regional interagency council requires confidential information to coordinate services pursuant to KRS 200.509(3)(a), (b), (c), (d), (g), or (h), it shall request a copy of the authorization to release executed by the parent or other legal guardian to release the information using the Kentucky IMPACT Program State Interagency Council Parent/Guardian Release of Information form.

(3) An authorization to release executed by a parent or other legal guardian to release information to a state or regional interagency council pursuant to this administrative regulation

shall remain valid for up to one (1) year from the date of authorization by the parent or other legal guardian.

(4) The parent or other legal guardian may revoke authorization to release of information by notifying in writing the interagency council that received the release. The revocation shall specify the:

- (a) Child's name;
- (b) Child's Social Security number;
- (c) Child's date of birth;
- (d) Parent or other legal guardian's name;
- (e) Statement that the authorization to release information is revoked;
- (f) Signature of the parent or other legal guardian; and
- (g) Date of signature by the parent or other legal guardian.

Section 3. Interagency Council Meetings. Each person who attends a local, regional, or state interagency council meeting shall agree to maintain the confidentiality of a child's information by completing and signing the Kentucky IMPACT Program State Interagency Council Statement of Confidentiality.

Section 4. Consent to Contact. (1) If a regional interagency council accepts a child for coordination of services pursuant to KRS 200.509(3)(a), the regional interagency council shall request the parent or other legal guardian to consent to be contacted by a parent representative, using the Kentucky IMPACT Program State Interagency Council Consent for Contact by a parent representative.

(2) If the parent consents to be contacted by a parent representative in accordance with subsection (1) of this section, the regional interagency council shall provide the name, address, and telephone number of the consenting parent or other legal guardian to the parent representative.

(3) A parent or other legal guardian who refuses consent for contact shall not be denied the coordination of a service by a regional interagency council.

(4) A parent or other legal guardian may revoke consent for contact by notifying in writing the regional interagency council that received the consent. The revocation shall specify the:

- (a) Child's name;
- (b) Child's Social Security number;
- (c) Child's date of birth;
- (d) Parent or other legal guardian's name
- (e) Statement that the consent to contact is revoked;
- (f) Signature of the parent and or other legal guardian; and
- (g) Date of signature by the parent or other legal guardian.

Section 5. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Kentucky IMPACT Program State Interagency Council Parent/Legal Guardian Release of Information", May 2003;

(b) "Kentucky IMPACT Program State Interagency Council Statement of Confidentiality", May 2003; and

(c) "Kentucky IMPACT Program; State Interagency Council Consent for Contact by a Parent Representative", May 2003.

(2) This material may be obtained, inspected, or copied, subject to applicable copyright law, at the Division of Mental Health, Department for Behavioral Health, Developmental, and Intel-

lectual Disabilities, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8:30 a.m. to 4:30 p.m. (29 Ky.R. 3004; Am. 30 Ky.R. 300; eff. 8-13-2003; TAm eff. 4-27-2016.)